



5/019/035

"FILE COPY"

Moab District  
Grand Resource Area  
885 South Sand Flats Road  
Moab, Utah 84532

3809 ✓  
UTU-72488  
(UT-068)

CERTIFIED MAIL--Return Receipt Requested  
Certification No. Z 003 582 995

NOV 16 1994

Mr. Don Dallape  
Absolute Mining & Minerals, Inc.  
1350 East 145 South  
Lehi, Utah 84043

Re: Preparation of Environmental Assessment (EA) for Plan of Operations UTU-72488,  
Grand County, Utah

Dear Mr. Dallape:

Thank you for submitting the information requested in our certified letter to you dated October 7, 1994. We received the requested mine plan map for the UTU-72488 area from Mr. Don Johnson on November 10, 1994.

Also on November 16, 1994, he sent the additional requested information. We now have enough information to prepare the environmental assessment (EA) required by 43 CFR 3809.2-1. We may, however, request additional information from Mr. Johnson during the EA evaluation period. We will make every effort to process your proposed plan of operations within thirty days, although circumstances may arise that will require more time [see 43 CFR 3809.1-6; 43 CFR 3809.2-1(c)]. Should you have questions, please contact Sal Venticinque at this office (801) 259-8193.

Sincerely,

/s/ Raymon Carling, Acting

Area Manager

cc: Mr. Donald C. Johnson  
1025 West State  
Lehi, Utah 84043

SVenticinque:caf:11/18/94 SW-BIN A:U72488A

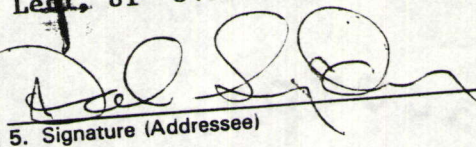


Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
**Mr. Don Dallape**  
**Absolute Mining & Minerals Inc.**  
**1310 East 145 South**  
**Lehi, UT 84043**

5. Signature (Addressee)  


6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
**Z 003 582 995**

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**11-21-94**

8. Addressee's Address (Only if requested and fee is paid)

Venticinque  
Date: **11/18/94**

**DOMESTIC RETURN RECEIPT**

PS Form **3811**, December 1991

U.S. GPO: 1993-352-714

Thank you for using Return Receipt Service.